



Scott Brabant  
Board Chair

Luis B. Pérez, LCSW  
President & CEO

Testimony regarding  
**S.B. No. 357: "AN ACT CONCERNING COPAY ACCUMULATOR PROGRAMS AND HIGH DEDUCTIBLE HEALTH PLANS."**  
&  
**H.B. No. 5391: "AN ACT CONCERNING MENTAL HEALTH."**  
Insurance & Real Estate Committee  
Public Hearing  
Tuesday, March 15, 2022 ~ 9:00 a.m.

Good morning Senator Lesser, Representative Wood, Senator Hwang, Representative Pavalock-D'Amato, and distinguished members of the Insurance & Real Estate Committee:

Thank you for the opportunity to provide testimony. My name is Mike Finley and I wish to share comments in regards to S.B. 357 An Act Concerning Copay Accumulator Programs And High Deductible Health Plans and H.B. 5391 An Act Concerning Mental Health.

I am the Public Policy Coordinator for Mental Health Connecticut (MHC), a 114-year-old nonprofit focused on person-centered, recovery-oriented care delivered through evidence-based practices.

MHC has concerns with **S.B. 357** and has proposed changes to strengthen the bill. Although MHC understands the importance and need for additional legislation following the passing of SB 1003 in 2021, we ask that the committee move this bill forward with the following language added:

*If under federal law, application of subsection (A) would result in Health Savings Account ineligibility under section 223 of the federal Internal Revenue Code, this requirement shall apply only, for Health Savings Account-qualified High Deductible Health Plans with respect to the deductible of such a plan after the enrollee has satisfied the minimum deductible under section 223, except for with respect to items or services that are preventive care pursuant to section 223(c)(2)(C) of the federal Internal Revenue Code, in which case the requirements of subsection (A) shall apply regardless of whether the minimum deductible under section 223 has been satisfied*

This proposed language addition has been championed by both the patient community and the National Council of Insurance Legislators (NCOIL). Efforts have been made in Virginia, Oklahoma, and Illinois this year to add this language to fortify their existing accumulator bills. MHC hopes that the Joint Insurance and Real Estate Committee will work with the patient community to align the bill with the national landscape.

Although MHC appreciates the intent of **H.B. 5391**, we are concerned with the overall necessity of the legislation at this time. MHC requests further clarity on the details of this legislation and the desired



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outcome of this particular task force. MHC has concerns that the development of this task force could inhibit the progress being made on tackling the Mental Health Crisis in Connecticut.

According to the current language in H.B. 5391, its purpose is to “study methods available to this state, and health carriers doing business in this state, to encourage health care providers providing mental health services to participate in provider networks.” The wording suggests that it is unclear as to why providers are not participating in networks.

Yet, evidence from several sources over the past decade, particularly from the often cited [Milliman research](#) shows that there are consistent reasons across the U.S. that participation among providers is low, causing network inadequacy. The #1 reason is low reimbursement rates.

To quote the Kennedy Forum’s [State Policy Platform for Addressing the U.S. Mental Health and Addiction Crisis](#): “Without adequate reimbursement, there will never be an adequate pipeline of providers who choose to enter the field—when other areas of health care pay significantly more.”

According to a study published in 2014 in JAMA Psychiatry that used data collected by the Centers for Disease Control and Prevention: “About 55% of psychiatrists accepted private health insurance in 2009-2010. About 89% of physicians in other specialties accepted private insurance.”

MHC recommends, once again, following the lead of best practices nationwide as set forth by our friends at the Kennedy Forum, by reviewing their State Policy Platform. It was with the Kennedy Forum’s guidance and our knowledge gained of how other states are increasing access to behavioral health services, that the CT Parity Coalition ([www.ctparitycoalition.org](http://www.ctparitycoalition.org)) successfully passed the 2019 bill to advance compliance with the Federal parity law.

In regards to H.B. 5391, we suggest reviewing the following pages in the Kennedy Forum’s Policy Platform which reference best practices for improving network adequacy and, ultimately, access to services:

PAGE 4:

- “Aggressively enforce mental health and addiction parity laws.”
- “Require health plans to cover the full continuum of MH/SUD care and follow national clinical standards when making coverage decisions.”

PAGE 5:

- “Prohibit prior authorization requirements for lifesaving addiction treatment.”
- “Increase the number of diverse providers.” – *NOTE: this refers to expanding telehealth, funding loan forgiveness programs, enforcing parity laws, raising Medicaid rates, and reimbursing the full range of providers, including peers*



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MHC urges this committee to adopt the proposed language mentioned above to strengthen **S.B. 357** and to provide clarity on the details of **H.B. 5391** and to understand the intent and need for a task force. MHC appreciates the hard work and dedication of this committee to address the worsening state of Mental Health amongst Connecticut residents and looks forward to being a continued resource as we progress through the 2022 legislative session.

Thank you for the opportunity to submit testimony on these important bills.

Respectfully,

Mike Finley  
Mental Health Connecticut



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